

Table 1 Priority Rankings of the Most Highly Rated Audit Filters

Rank	Audit Filter	Category	Ranked Very Important/ Most Important (%)	Priority Score (mean)
1	A patent airway should be maintained in all patients.	EMS	100	4.98
2	EMS must document the indication for cricothyroidotomy.	EMS	100	4.93
3	Hemorrhage control should be performed in all patients.	EMS	100	4.88
4	EMS must document the indication for rapid sequence intubation.	EMS	98	4.83
5	EMS proficiency in technical performance should be monitored annually.	EMS	98	4.63
6	EMS personnel should receive annual performance feedback.	EMS	98	4.58
7	Logistics of transportation should be a factor for dispatching air transportation.	Triage	98	4.55
8	Instances and cause of trauma center diversion should be monitored.	Triage	98	4.55
9	The indication for pre hospital intubation should be monitored.	EMS	95	4.5
10	Cases of under triage should be monitored to identify a cause.	Triage	95	4.46
11	Spine immobilization should be available for all patients.	EMS 90	4.45	
12	EMS must document the indication for central venous access.	EMS	85	4.44
13	EMS must document the indication for needle decompression thoracostomy.	EMS	90	4.44
14	Airway management should be a criterion for dispatching ALS versus BLS to a scene.	Triage	90	4.38
15	Defibrillation should be available for all patients.	EMS	85	4.38
16	EMS run sheets should be standardized.	EMS	98	4.35
17	The completion of EMS run sheets should be monitored.	EMS	90	4.35
18	A trauma system should implement a protocol to ensure the prompt transfer of patients from a lower-level to a higher-level facility.	Interfacility transfer	88	4.25
19	EMS must document the indication for defibrillation.	EMS	85	4.23
20	The outcome of transferred patients should be monitored.	Interfacility transfer	88	4.23
21	Physiology should be monitored in all patients.	EMS	95	4.2
22	Under triage rates should not exceed 5%.	Triage	85	4.18
23	Indications for inter-facility transfer should be monitored.	Interfacility transfer	88	4.18
24	If the time limit for scene time is exceeded, then a chart audit should be performed.	Transportation times	88	4.13
25	A trauma system should define over triage and undertriage.	Triage	88	4.11
26	A time limit for scene time should be defined and monitored.	Transportation times	85	4.10
27	The need for ACLS or advanced medical management should be a criterion for dispatching ALS versus BLS to the scene.	Triage	85	4.10
28	Severity of injury should be a criterion for dispatching ALS versus BLS to the scene.	Triage	78	4.00

EMS, emergency medical services; ALS, advanced life support; BLS, basic life support; ACLS, advanced cardiac life support.

**Audit Filters
Pre-hospital**

Patient #

Date:

Filter	Yes	No	Action Taken
1. Timely Activation			<input type="checkbox"/> Appropriate <input type="checkbox"/> Delayed <input type="checkbox"/> Medical Control Review <input type="checkbox"/> Dispatch Review
2. Scene Time Appropriate			<input type="checkbox"/> Appropriate <input type="checkbox"/> Prolonged <input type="checkbox"/> Extrication <input type="checkbox"/> Training
3. Adequate Airway Maintained			<input type="checkbox"/> Appropriate <input type="checkbox"/> Skills Check <input type="checkbox"/> Medical Director Review
4. Hemorrhage Controlled			<input type="checkbox"/> Appropriate <input type="checkbox"/> Skills Check <input type="checkbox"/> Medical Director Review
5. IV Access			<input type="checkbox"/> Appropriate <input type="checkbox"/> Skills Check <input type="checkbox"/> Medical Director Review
6. Contact/notification of Medical Control			<input type="checkbox"/> Appropriate <input type="checkbox"/> Skills Check <input type="checkbox"/> Medical Director Review
7. Run Sheet Completed on shift			<input type="checkbox"/> Appropriate <input type="checkbox"/> Hospital Review <input type="checkbox"/> Medical Director Review
8. Death			<input type="checkbox"/> Preventable <input type="checkbox"/> Non-Preventable <input type="checkbox"/> Medical Director Review